

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: **2003**

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDI N
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: NorthTarrytownHousingAuthority

PHANumber: NY26

PHAFiscalYearBeginning:(mm/yyyy) 10/2003

PHAPlanContactInformation:

Name: KennethM.Gentile

Phone: 914-631-4626

TDD:

Email(ifavailable):

PublicAccess to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachment s) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan Fiscal Year 20 03

[24CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Contents	<u>Page#</u>
Annual Plan	
i. Executive Summary (optional) – <i>Not Included</i>	2
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	3
2. Capital Improvement Needs	4
3. Demolition and Disposition	5
4. Homeownership: Voucher Homeownership Program	6
5. Crime and Safety: PHDEP Plan	7
6. Other Information:	8
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	
Attachments	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C : Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment D : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment E : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment F : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment G : Resident Assessment Follow Up Plan	
Attachment H : Final P/E Report (2001 CFP) for the period ended 06/30/2003	
Attachment I : P/E Report (2002 CFP) for the period ended 03/31/2003	
Attachment J : Voluntary Conversion Initial Assessment	

ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPI an

Notincluded.

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredinother sectionso fthisUpdate.

None

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredto completethiscomponent.

A. ☒ Yes ☐ No: IsthePHAeligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$143,752

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1)CapitalFundProgram5 -YearActionPlan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment **C**

(2)CapitalFundProgramAnnualStatement

The Capital Fund Program Annual Statement is provided as Attachment **B**

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; or comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5.SafetyandCrimePrevention:PHDEPPlan

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmayskip to thenextcomponentPHAseligibleforPHDEPfundsmustprovidea PHDEPPlanmeetingspecifiedrequirementsprior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (Filename) **F**
3. In what manner did the PHA address those comments? (select all that apply)
 - ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included:
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
 - ☒ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment **E**.
 - ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
Westchester County
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the need expressed in the Consolidated Plan/s.
 - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
To provide low income housing
 - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

Westchester County is committed to assisting the Authority in its efforts to maintain and make available affordable housing opportunities to low income families.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Our definition of "Substantial deviation" is defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

B. Significant Amendment or Modification to the Annual Plan:

"Significant amendment or modification" are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in areas on a case-by-case basis in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD-52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD-52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA as participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

AttachmentB:

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary

PHAName: NorthTarrytownHousingAuthority		GrantTypeandNumber CapitalFundProgram: NY36P026-501-03 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2003	
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds	0			
2	1406Operations	0			
3	1408ManagementImprovements	7,000			
4	1410Administration	11,000			
5	1411Audit	0			
6	1415liquidatedDamages	0			
7	1430FeesandCosts	20,200			
8	1440SiteAcquisiti on	0			
9	1450SiteImprovement				
10	1460DwellingStructures	94,000			
11	1465.1DwellingEquipment —Nonexpendable	6,552			
12	1470NondwellingStructures	0			
13	1475NondwellingEquipment	5,000			
14	1485Demolition	0			
15	1490ReplacementRese rve	0			
16	1492MovingtoWorkDemonstration	0			
17	1495.1RelocationCosts	0			
18	1498ModUsedforDevelopment	0			
19	1502Contingency	0			
20	AmountofAnnualGrant:(sumoflines2 -19)	143,752			

AttachmentB:

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary

PHAName: NorthTarrytownHousingAuthority		GrantTypeandNumber CapitalFundProgram: NY36P026-501-03 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2003	
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
21	Amountoffline20RelatedtoLBPAktivites	0			
22	Amountoffline20RelatedtoSection504Compliance	0			
23	Amountoffline20RelatedtoSecurity	0			
24	Amountoffline20RelatedtoEnergyConservation Measures	0			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: North Tarrytown Housing Authority		Grant Type and Number Capital Fund Program#: NY36P026-501-03 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Management Improvement	1408	N/A	7,000				
HA Wide	Administrative Fees	1410	N/A	11,000				
HA Wide	A/E Fees	1430.1	N/A	10,000				
HA Wide	Consultant Fees	1430.2	N/A	10,200				
HA Wide	Appliances	1465.1	N/A	6,552				
HA Wide	Office Equipment	1475.1	N/A	2,500				
HA Wide	Maintenance Equipment	1475.2	N/A	2,500				
			Subtotal	49,752				
NY26-1	Roof Upgrade	1460	50%	94,000				
			Subtotal	94,000				
			Total	143,752				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Attachment C :
Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NY26	North Tarrytown Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
FFY 2003 (See Attachment B Annual Statement)		10/01/2003
FFY 2004 Roof Upgrade	\$56,000	10/01/2004
Façade Replacement	\$38,000	
FFY 2005 Bifold Closet Door Replacement	\$50,000	10/01/2005
Sliding Closet Door Replacement	\$25,000	
Interior Room Door Replacement	\$19,000	
FFY 2006 Smoke Detector Installation	\$94,000	10/01/2006
FFY 2007 Elevators Upgrade	\$94,000	10/01/2007
Totalestimatedcostovertnext5years	\$376,000	

Required Attachment D :
Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
- A. Name of resident member(s) on the governing board: *William Davis & Ida Smith*
- B. How was the resident board member selected: (select one)?
☐ Elected
☒ Appointed
- C. The term of appointment is (include the date term expires): *Expires On: 11/30/2003*
2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):
- B. Date of next term expiration of a governing board member:
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment E :
Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Louise Daniels	4D
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May Foley	7G
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Joseph Foley	7G
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Attachment F :
Comments of Resident Advisory Board & Explanation of PHA
Response

Residents were most satisfied with the kitchen renovation provided through CFP funds. They reviewed the existing Five -year Plan and expressed satisfaction. The Authority responded that it values resident input and looks forward to future resident involvement in the Authority's planning.

AttachmentG :
ResidentAssessmentFollowUpPlan

NoResidentAssessmentFollow -upPlanisrequiredthisyear.Thefollowingscoreswere received:

<i>SurveySection</i>	<i>Score</i>	<i>NationalAverage</i>
<u>MaintenanceandRepair</u>	97%	88%
<u>Communication</u>	79%	75%
<u>Safety</u>	81%	73%
<u>Services</u>	97%	91%
<u>NeighborhoodAppearance</u>	80%	75%

AttachmentH :

ImplementationofPublicHousingResidentCommunityService requirements

Currently, the North Tarrytown Housing Authority has no residents that are required to perform community service. In the event that any resident is found to be required to provide such service, the following policy will be utilized:

1.1 General

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement

1.2 Exemptions

The following adult family members of tenant families are exempt from this requirement.

- A. Family members who are 62 or older
- B. Family members who are blind or disabled
- C. Family members who are the primary caregiver for someone who is blind or disabled
- D. Family members engaged in work activity
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program
- F. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program

1.3 Notification of the Requirement

The Housing Authority shall identify all adult family members who are apparently

not exempt from the community service requirement.

The Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 10/1/99. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

1.4 Volunteer Opportunities

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self-sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and recordkeeping for volunteers.

1.5 The Process

At the first annual reexamination on or after October 1, 1999, and each annual reexamination thereafter, the Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.

- C. Provide a volunteer timesheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.
- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.
- E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

1.6 Notification of Non-compliance with Community Service Requirement

The Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

1.7 Opportunity for cure

The Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agree to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns go toward their current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.

If any applicable family member does not accept the terms of the agreement, does

not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, the Housing Authority shall take action to terminate the lease.

Status Update

No persons have been determined to have to perform community service.

Attachment I.

Final P/EREPORT(2001 CFP) -06/30/2003

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: North Tarrytown Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P026-501-01 Replacement Housing Factor Grant No: N/A			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement(revision no: #1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2002 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds	0	0	0	0
2	1406 Operations	0	0	0	0
3	1408 Management Improvements Soft Costs	7,250	0	0	0
	Management Improvements Hard Costs	0	0	0	0
4	1410 Administration	11,000	10,200	10,200	10,200
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	22,950	24,187	24,187	24,187
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	94,000	110,481	110,481	110,481
11	1465.1 Dwelling Equipment —Non-expendable	6,420	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	5,000	1,752	1,752	1,752
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part I: Summary

PHA Name: North Tarrytown Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY36P026-501-01 Replacement Housing Factor Grant No: N/A	Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #1)			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2002 <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
16	1492 Moving to Work Demonstration	0	0
17	1495.1 Relocation Costs	0	0
18	1499 Development Activities	0	0
19	1502 Contingency	0	0
	Amount of Annual Grant: (sum of lines.....)	146,620	146,620
	Amount of line XX Related to LBP Activities	0	0
	Amount of line XX Related to Section 504 compliance	0	0
	Amount of line XX Related to Security --Soft Costs	0	0
	Amount of Line XX related to Security --Hard Costs	0	0
	Amount of line XX Related to Energy Conservation Measures	0	0
	Collateralization Expenses or Debt Service	0	0

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: North Tarrytown Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P026-501-01 Replacement Housing Factor Grant No: N/A				Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
NY26-1	Management Improvement		1408	N/A	7,250	0	0	0	Priority Changed
NY26-1	Administrative Fees		1410	N/A	11,000	10,200	10,200	10,200	Completed
NY26-1	A/E Fees		1430.1	N/A	12,750	13,987	13,987	13,987	Completed
NY26-1	Consultant Fees		1430.2	N/A	10,200	10,200	10,200	10,200	Completed
NY26-1	Appliances		1465.1	N/A	6,420	0	0	0	Priority Changed
NY26-1	Office Equipment		1475.1	N/A	2,500	0	0	0	Priority Changed
NY26-1	Maintenance Equipment		1475.2	N/A	2,500	1,752	1,752	1,752	Completed
NY26-1	00/01: Kitchen Cabinets		1460	66%	64,000	110,481	110,481	110,481	Completed
NY26-1	Laundry Room Upgrade		1460	N/A	30,000	0	0	0	Priority Changed
				Total	146,620	146,620	146,620	146,620	

AnnualStatement/PerformanceandEvaluationReport
CapitalFund ProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

[illegible]

Attachment J .**P/EREPORT(2002CFP) -03/31/2002****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:****Summary**

PHAName: North Tarrytown Housing Authority		Grant Type and Number Capital Fund Program: NY36P026-501-02 Capital Fund Program Replacement Housing Factor Grant No:				Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non -CFP Funds	0	0	0	0	
2	1406 Operations	0	0	0	0	
3	1408 Management Improvements	7,000	7,000	0	0	
4	1410 Administration	11,000	11,000	11,000	0	
5	1411 Audit	0	0	0	0	
6	1415 Liquidated Damages	0	0	0	0	
7	1430 Fees and Costs	20,200	20,200	14,675	4,475	
8	1440 Site Acquisition	0	0	0	0	
9	1450 Site Improvement	0	0	0	0	
10	1460 Dwelling Structures	94,000	94,000	37,544	0	
11	1465.1 Dwelling Equipment — Nonexpendable	6,552	6,552	0	0	
12	1470 Non dwelling Structures	0	0	0	0	
13	1475 Non dwelling Equipment	5,000	5,000	0	0	
14	1485 Demolition	0	0	0	0	
15	1490 Replacement Reserve	0	0	0	0	
16	1492 Moving to Work Demonstration	0	0	0	0	
17	1495.1 Relocation Costs	0	0	0	0	
18	1498 Mod Used for Development	0	0	0	0	
19	1502 Contingency	0	0	0	0	

P/EREP ORT(2002CFP) –03/31/2002

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:

Summary

PHAName: NorthTarrytownHousingAuthority		GrantTypeandNumber CapitalFundProgram: NY36P026-501-02 CapitalFundProgram ReplacementHousingFactorGrantNo:			Federal FYof Grant: 2002	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: #1)						
<input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 03/31/2003 <input type="checkbox"/> FinalPerfo rmanceandEvaluationReport						
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost		
20	AmountofAnnualGrant:(sumoflines2 -19)	143,752	143,752	63,219	4,475	
21	Amountofline20RelatedtoLBPAactivities	0				
22	Amountofline20RelatedtoSection504Compliance	0				
23	Amountofline20RelatedtoSecurity	0				
24	Amountofline20RelatedtoEnergyConservation Measures	0				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: North Tarrytown Housing Authority		Grant Type and Number Capital Fund Program#: NY36P026-501-02 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Management Improvement	1408	N/A	7,000	7,000	0	0	Planning Phase
HA Wide	Administrative Fees	1410	N/A	11,000	11,000	11,000	0	Working Process
HA Wide	A/E Fees	1430.1	N/A	10,000	10,000	4,475	4,475	Working Process
HA Wide	Consultant Fees	1430.2	N/A	10,200	10,200	10,200	0	Working Process
HA Wide	Appliances	1465.1	N/A	6,552	6,552	0	0	Planning Phase
HA Wide	Office Equipment	1475.1	N/A	2,500	2,500	0	0	Planning Phase
HA Wide	Maintenance Equipment	1475.2	N/A	2,500	2,500	0	0	Planning Phase
			Subtotal	49,752	49,752	25,675	4,475	
NY26-1	00/01: Kitchen Cabinets	1460	34%	94,000	87,557	37,544	0	Working Process
NY26-1	Misc. Improvement	1460	N/A	0	6,443	0	0	Planning Phase
			Subtotal	94,000	94,000	37,544	0	
			Total	143,752	143,752	63,219	4,475	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: NorthTarrytownHousingAuthority			GrantTypeandNumber CapitalFundProgram#: NY36P026-501-02 CapitalFundProgramReplacementHousingFactor#:				FederalF YofGrant: 2002
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
HAWide	01/01/2004			07/01/2005			
NY26-1	01/01/2004			07/01/2005			

AttachmentK :
VoluntaryConversionInitialAssessments

TheNorthTarrytownHousingAuthorityiscomprisedofonlyonemixedoccupancy building(seniors&familyunits).Itisnotfinanciallyfeasibletoconvertthesitefrom publichousingtotenantbasedassistance,andtodosowouldhaveanadverseeffecton neededlowincomeunitsinthearea.

VoluntaryConversionInitialAssessments

- a) HowmanyofthePHA'sdevelopmentsaresubjecttotheRequiredInitial Assessments?
One.
- b) HowmanyofthePHA'sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.,elderlyand/ordisableddevelopmentsnot generaloccupancyprojects)?
None.
- c) HowmanyAssessmentswereconductedforthePHA'scovereddevelopments?
One.
- d) IdentifyPHAdevelopments thatmaybeappropriateforconversionbasedo nthe RequiredInitialAssessments:
None.

DevelopmentName	NumberofUnits

- e) IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusof theseassessments: